



RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05) SDH Form 51-0001

GRANT COUNTY HEALTH DEPT. FOOD DIVISION 401 SOUTH ADAMS STREET MARION, IN 46953

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Form header section containing: Establishment Name (Northwood Manor), Telephone Number, Date of Inspection (2/26/24), ID # (27), Establishment Address (1590 W Timberview Dr), Owner (Fire Star Senior Living), Purpose (Routine), Follow-up (NO), Release Date (10 days), Person in Charge (Betsy), Certified Food Handler (Ryan), and Summary of Violations (C1, NC4, R4).

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Table with 4 columns: Section#, C/NC, R, Narrative, To Be Corrected By. Contains 6 rows of violation details including items like 'NON Food Contact Items are soiled with food/grease' and 'Flooring in dry storage are soiled with food (cereal)'. A large bracket on the right groups items 295 through 308.

Signature section containing: Received by (name and title printed) Betty Hatton, Inspected by (name and title printed) April Johnson FSW, Received by (signature) [Signature], Inspected by (signature) [Signature], and cc: fields.